STATE OF MAINE



COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

Mail: 135 State House Station, Augusta, Maine 04333-0135 Office: 242 State Street, Augusta, Maine

Tel: (207)287-4179 FAX: 287-6775

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STATEMENT OF SOURCES OF INCOME 1 M.R.S.A. §§ 1016-A et seq.

COVERING THE CALENDAR YEAR
JANUARY 1, 2006 THROUGH DECEMBER 31, 2006

FULL NAME: _	David W. Farrington	Please check the appropriate box and fill in the District number.
MAILING ADDRESS: _ CITY: _	Corhan Jane	Member of the Senate, District
ZIP CODE: _	04038	
PHONE NUMBER: _	839-7354	Member of the House, District/36

GENERAL INSTRUCTIONS

1. Please file this statement with the <u>Clerk of the House</u> or the <u>Secretary of the Senate</u> by:

5:00 p.m. on February 15, 2007.

- 2. The report covers you, your spouse, and your dependent children.
- 3. Report only specific sources of income. <u>Dollar amounts need not be listed.</u>
- 4. Campaign contributions duly recorded as required by law need not be reported in this statement.
- 5. Attach additional sheets if needed. Label attachments with your name, address, and the date.
- 6. Please sign on Page 4.
- The completed statements will be posted as a 'pdf' on the Commission's website.
- 8. State law (1 M.R.S.A. § 1018) requires Legislators to file an updated statement with the Commission within 30 days of any change to the information relating to the preceding year. Additionally, the law (1 M.R.S.A. § 1016-B (2)) requires Legislators to make a supplementary statement to the Commission of any reportable liability within 30 days after it is incurred.

PLEASE KEEP A COPY OF THIS STATEMENT FOR YOUR FILES.

Disclosure statements are made available to members of the public upon request.

Thank you for your cooperation.

01/04

PART I. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER. Name each employer from whom you received compensation of \$1,000 or more. Specify also the principal type of economic activity of each employer.

			Principal Type of Economic
	Name of Employer	Address	Activity of Employer
1	Tarmouth Schools	101 McCartyer St. Tara	with MF Education .
2.	Maire Humanikes	Council 674 Brighten Ave.	104096 Education . LAME 64602
2	-	letter	-1,ME 84102
<u> </u>			
DAI	OT IT INCOME ከጀርጥ	ED FROM SELF-EMPLOYMENT. (For	Tanialadan w.L and annual s
A.	Enter the name and addre	ss of your business, if any, and list the majo h a partnership, finn, professional association	r areas of economic activity from which you derived on, or similar business entity, list the major areas of
	Name and Address of Business Entity	Major Areas of Economic Activity (self)	Major Areas of Economic Activity (partnership, association or similar business entity)
1			
2			
3.	11 (1997)		
— В.			
	derived such income. If the	ter, and specify the principal type of econon his form of disclosure is prohibited by law, a type of economic activity of the entity or pe Address	nic activity of the entity or person from whom you rule, or an established code of professional ethics, erson from whom the income was derived. Principal Type of Economic Activity of Entity or Person Who Is the Source of Income
	Traine or Bouled	Address	Source of Income
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2.			
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AR ract	RT III. MAJOR AREAS (tice. If associated with a lay	OF PRACTICE. (For Legislators who are w firm, list the major areas of practice of you	attorneys-at-law only.) List your major areas of ar firm.
	Name and Address of Firm	<u>Major Areas of Practice</u> (self)	Major Areas of Practice (firm)
·			<u> </u>
2			<u></u>
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PART IV. OTHER SOURCES OF INCOME. Name each source of income of \$1,000 or more not listed in Parts I, II, or III of this form. Do not include gifts. If none, so state.

Name of Source	Address	Kind of Income
1	,	
3		
PART V. DISCLOSURE OF RE \$3,000 or more that you received during that loans from a relative. If none,	ng the reporting period, and list the major	names of creditors for any unsecured loans of areas of economic activity of each creditor. Do
Name of Creditor	Address of Creditor	Principal Type of Economic Activity of Creditor
1.		
aggregate value of more than \$300 fro	m a single source. If none, so state.	gift of more than \$300. Include gifts with an
2	4	
PART VII. DISCLOSURE OF Helated to your official duties. If none	ONORARIA. List the source of any ho, so state.	onoraria accepted for appearances or speeches
·	3	***************************************
	4	· ·
PART VIII. REPRESENTATION ou represented or assisted others for a	BEFORE STATE AGENCIES. Identicompensation of any amount. If none, so s	fy each executive branch agency before which
	· ·	,
	4	

PART IX. BUSINESS WITH S your immediate family sold goods	TATE AGENCIES. Identify each or services with a value in excess	ch executive branch agency to which so \$1,000 during the reporting per	th you or a member of iod. If none, so state.
1	2	·	
	•		
PART X. INCOME RECEIVE	D BY MEMBERS OF IMMED	IATE FAMILY.	
List the type of economic activity child(ren) during the reporting per income received by spouse and (D	riod and the kind of income repres	ne of \$1,000 or more received by yes sented. Do not include gifts. Indicated by dependent(s).	our spouse or dependent ate (S) beside sources of
Type of Economic Activity	•		•
Representing Each Source of		Vind of Income	
Income Received	7.5	Kind of Income	
1. Health Care -	nursing (5)	Salary.	
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3			.
4			
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appears that a Legislator ha Attorney General. If the Co statement or has willfully fil interest on every question ar branch of the Legislature, ar	s willfully filed a false states ommission determines that a ed a false statement, the Leg nd shall be precluded from a nd shall not attempt to influ equired statement is subject	ss E crime. If the Commission ment, it shall refer its finding a Legislator has willfully faile gislator shall be presumed to voting on any question in contence the outcome of any quest to a civil penalty not to exceed § 1019)	s of fact to the d to file a required have a conflict of nmittee or in either stion. A Legislator
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Signa	rture	/ Date	}